

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | | | |
|---|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) FIGHT RIGHT INC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00857011</div> | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee RURAL AM FM LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 12 / 28 / 2023 | | |
| Mailing Address 190 MONROE AVENUE STE 300 | | | Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">50000.00</div> | | |
| City GRAND RAPIDS | | State MI | Zip Code 49503 | | Transaction ID : SE.1 |
| Purpose of Expenditure MEDIA PLACEMENT | | Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div> | | Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 12 / 27 / 2023 | |
| Name of Federal Candidate HALEY, NIKKI, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">7629321.00</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> | | |
| Mailing Address | | | Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> | | |
| City | | State | Zip Code | | Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> |
| Purpose of Expenditure | | Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div> | | | |
| Name of Federal Candidate | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">50000.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border-bottom: 1px solid black; width: 100%;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">50000.00</div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature MELTON, KAYLEN, , , | | | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 12 / 29 / 2023 | | |